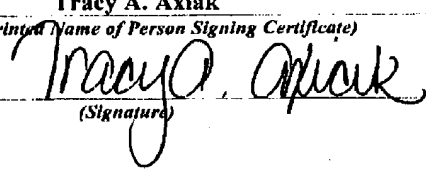
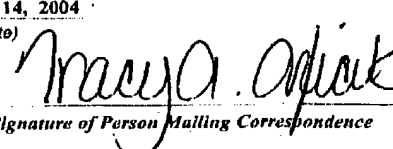


SEP 14 2004

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 08CU5767-1
Applicant(s): Odle, et al.			
Application No. 10/065,197	Filing Date September 25, 2002	Examiner Hampton	Group Art Unit 1711
Invention: METHODS FOR THE PREPARATION POLY(ETHERIMIDE)S			
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (14 pgs); Copy of IDS (3 pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>September 14, 2004</u> (Date)</p> <p style="text-align: right;">Tracy A. Axiak (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

SEP 14 2004

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 08CU5767-1	
Applicant(s): Odle, et al.					
Application No. 10/065,197	Filing Date September 25, 2002	Examiner Hampton	Customer No. 23413	Group Art Unit 1711	Confirmation No. 8148
Invention: METHODS FOR THE PREPARATION POLY(ETHERIMIDE)S					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	41 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<i>Patricia S. DeSimone</i> Signature			Dated: September 14, 2004		
Patricia S. DeSimone Registration No. 48,137 Customer No. 23413 Phone No. (860) 286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on September 14, 2004 (Date)  Signature of Person Mailing Correspondence Tracy A. Axiak (via facsimile) Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

P11LARGE/REV08